

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation NARAL Pro-Choice America		3. FEC Identification Number C C90004185
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1156 15th Street, NW Suite 700		
(c) City, State and ZIP Code Washington DC 20005		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☒ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
0	5

 /

D	D
1	2

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
0	5

 /

D	D
1	2

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

368.50

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Kimberly Robinson

04/20/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee
Google

Date

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 0Mailing Address
PO Box 39000

Amount

25.00

City
San FranciscoState
CAZip Code
94139-3181Purpose of Expenditure
Online adsCategory/
Type

Office Sought:

☒ House

State: PA

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Joe SestakCalendar Year-To-Date Per Election
for Office Sought

184.25

Disbursement For:
2010☒ Primary☐ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Google

Date

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 0Mailing Address
PO Box 39000

Amount

25.00

City
San FranciscoState
CAZip Code
94139-3181Purpose of Expenditure
Online adsCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate☐ President

District: 00

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Arlen SpecterCalendar Year-To-Date Per Election
for Office Sought

184.25

Disbursement For:
2010☒ Primary☐ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice America

Date

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 0Mailing Address
1156 15th Street, NW, Suite 700

Amount

159.25

City
WashingtonState
DCZip Code
20005Purpose of Expenditure
Mailing list rentalCategory/
Type

Office Sought:

☒ House

State: PA

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Joe SestakCalendar Year-To-Date Per Election
for Office Sought

184.25

Disbursement For:
2010☒ Primary☐ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

209.25

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice America

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	0

Mailing Address

1156 15th Street, NW, Suite 700

Amount

159.25

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

Mailing list rental

Category/
Type

Office Sought:

☐

House

State: PA

Senate

☒

Senate

District: 00

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Arlen Specter

Calendar Year-To-Date Per Election
for Office Sought

184.25

Disbursement For:
2010☒

Primary

☐

General

☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

159.25

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

368.50